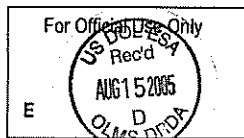


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7506	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name John A Wilk  P.O. Box, Bldg., Room No., if any  Street 7 Lyon Place  City Utica  State New York ZIP Code + 4 13502	4. Name, file number, and address of labor organization. Name Teamsters Local 182  Labor Organization File Number 013-876  P.O. Box, Building and Room Number, if any  Street 5 Rutger Park  City Utica  State New York ZIP Code + 4 13501
5. Position in labor organization. President/Principal Officer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.          \$0

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed John A. Wilk On 08/05/2005 315-724-3111  
Date Telephone Number

Name of Person Filing John Wilk		File Number U-
<p><b>B. Held an interest in or derived income or economic benefit with monetary value from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</p>		
<p>8. Name and address of Business (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p>b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>		<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. \$0</p> <p>12.a. Nature of interest held or income received.</p> <p>12.b. Amount. \$0</p>

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant</b> (including trade name, if any).  Name <b>Kraft Foods/North America</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street <b>669 County Rd. 25</b>  City <b>New Berlin</b>  State <b>New York</b> ZIP Code + 4 <b>13411</b>	<b>14.a. Nature of payment.</b>  5/17/04 Labor/Mgt. meeting. 6/30/04 Labor/Mgt. meeting. 8/13/04 Labor/Mgt. meeting. 9/29/04 Labor/Mgt. meeting. 10/12/04 Labor/Mgt. meeting.  Lunch provied by the employer at all meetings less than \$25.00.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> <input type="checkbox"/> <b>?</b>	<b>14.b. Amount of payment.</b>  <div style="text-align: right;">\$0</div>

Name of Person Filing John Wilk	File Number U-
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**Part C Continuation Page**

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Rite Aid Distributiion Center  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 5865 Success Drive  City Rome  State New York ZIP Code + 4 13440	<b>14.a. Nature of payment.</b>  9/12/04 Lunch meeting with Distribution Center manager and Human Resource manager. \$28.00  10/20/04 Contract negotiations. 10/21/04 Contract negotiations. 11/09/04 Contract negotiations.  Lunch provided each session. Shared cost mgt./ union.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  \$28

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Upstate Employees Benefit Fund  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 1402 Genesee Street, Suite 102  City Utica  State New York ZIP Code + 4 13502	<b>14.a. Nature of payment.</b>  4/29/04 Board of Trustees meeting. 8/25/04 Board of Trustees meeting.  Lunch provided by Fund, less than \$25.00
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  \$0

<b>C. Received from any employer</b> (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name Northern Captial  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street 8010 Excellsior Drive, Suite 300  City Madison  State Wisconsin ZIP Code + 4 53717-1951	<b>14.a. Nature of payment.</b>  3/14/04 Dinner meeting with advisor.
<b>13.b. Is the Business an Employer</b> <input checked="" type="checkbox"/> <b>or Consultant</b> ?	<b>14.b. Amount of payment.</b>  \$120

Name of Person Filing John Wilk

File Number U-

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Seligman &amp; Co.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 100 Park Avenue

City New York

State New York

ZIP Code + 4 10017

14.a. Nature of payment.

3/17/04 Dinner meeting.

13.b. Is the Business an Employer ☒ or Consultant ?

14.b. Amount of payment.

\$103

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.